

Village of Sister Bay
2393 Maple Drive • Sister Bay, WI 54234
PHONE: (920) 854-4118 • Fax: (920) 854-9637
E-MAIL: INFORMATION@SISTERBAYWI.GOV

## **BUILDING NUMBER APPLICATION**

NAME & MAILING ADDRESS			PROPERTY DESCRIPTION			
Applicant			Parcel Identifi 181-	ication Numbe	er (PIN)	
Street Address			SUBDIVISION			
City • State • Zip Code						
Daytime Phone						
Email (For Office Use Only)						
Building Nui	MBER O	F NEAREST	DRIVEWAY	OR SEC	TION CORN	IER
Before a building number can be issued, the applicant must measure along the centerline of the road, from the center of the new driveway to the center of the nearest driveway with an existing building number. A sketch should then be drawn showing the distance between driveways, any pertinent road names and the building number of the structure used as reference. The measurement can also be made from an intersecting road or from the lot line of a certified survey map - which should be noted on the sketch. The measurement must be accurate, not taken from an automobile odometer.						
You need a driveway permit for a COUNTY or STATE HIGHW <b>Do you have a driveway permit?</b>			/AY –	YES		No 🗆
NAME OF ROAD ON WHICH NEW DRIVEWAY IS LOCATED:						
REFERENCE BUILDING NUMBER CIRCLE DIRECTI FEET FROM FROM REFEREN REFERENCE DRIVEWAY				1/1( )+	RTH SOUTH	H EAST WEST
NEFERENCE DRIVEWAT	Sir	ngle Family Hon	ne $\square$	Duplex	☐ Multi-Fa	mily Residence
TYPE OF USE	☐ Ba			Business	Other _	•
SITE PLAN						
(Please Show North Arrow) - (Show more than one driveway if applicable)						
					(Example of driveway)—  (Measurem be made fropposite si	N6891 N6882
CERTIFICATE						
I, the undersigned, hereby apply for a Village Building Number and certify that all the information both above and attached is true and correct to the best of my knowledge.						
Signature						
OFFICIAL USE ONLY						
ASSIGNED BY:		NEW NUMB	ER:			
DATE:		COPY TO:	OWNER		COUNTY [	FIRE/EMS